



## Supervisor's Initial Investigation Report (SIIR)

(Submitted to and at the request of counsel for Brand EIS Inc. in anticipation of litigation)

**GENERAL INFORMATION:**

1. Division/Branch: <u>D&amp;R</u>	2. Project/Site: # <u>11 PIT 4 CRUDE</u>
3. Date of Incident: <u>8/6/12</u>	4. Time of incident: <u>? 6:00</u> a.m./p.m.
5. Date Reported: <u>8/15/12</u>	6. Time Reported: <u>5:24</u> a.m./p.m.
7. Hours worked before incident: <u>11</u>	8. Supervisor: _____

**INCIDENT CLASSIFICATION:**

Injury/Illness	<input type="checkbox"/> First Aid	<input type="checkbox"/> Medical Aid	<input type="checkbox"/> Modified Work	<input type="checkbox"/> Lost Time	<input type="checkbox"/> Fatality
Vehicle/Equipment	<input checked="" type="checkbox"/> Vehicle Damage/Loss				
Property/Material	<input checked="" type="checkbox"/> Property/Material Damage/Loss				
Environmental	<input type="checkbox"/> Environmental				
Process Loss	<input type="checkbox"/> Process Loss				
Near Miss	<input checked="" type="checkbox"/> Near Miss				

**INCIDENT RATING**

To ensure proper reporting and investigation, this incident is rated below considering the potential severity and probability of recurrence:

☒ **HIGH**
☐ **MEDIUM**
☐ **LOW**
**EMPLOYEE INFORMATION:**

9. Name of Injured: <u>No Injuries to Brand</u>	10. Employee Number: _____
11. Occupation: <u>carpenter str. rigger</u>	12. Rate of pay: <u>86</u>
13. Address _____	City _____ State/Prov _____ PC/ZIP _____
14. Phone # ( ) _____	15. Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Single
16. Spouse Name _____	17. Number of Children _____
18. Birthdate: _____	19. Experience yrs./months _____
20. Sex: <input type="checkbox"/> M <input type="checkbox"/> F	21. SSN/SIN: _____
22. Contractor: _____	23. Site Contact Phone # _____
24. On Company Property: Yes <input type="checkbox"/> No <input type="checkbox"/>	25. Date of Hire: _____
26. Incident Location: _____	

**INJURY** (If more than one worker was injured as a result of the incident, complete additional SIIR forms describing those injuries and attach)

27. Part of Body: Indicate "R" for right, "L" for left, "B" for both

<input type="checkbox"/> Abdomen	<input type="checkbox"/> Ankle	<input type="checkbox"/> Arm	<input type="checkbox"/> Back	<input type="checkbox"/> Chest/Ribs
<input type="checkbox"/> Ear	<input type="checkbox"/> Elbow	<input type="checkbox"/> Eye	<input type="checkbox"/> Finger/Hand	<input type="checkbox"/> Foot
<input type="checkbox"/> Foot/Toes	<input type="checkbox"/> Head/Face/Skull	<input type="checkbox"/> Hip	<input type="checkbox"/> Knee	<input type="checkbox"/> Leg/Groin/Thigh
<input type="checkbox"/> Mouth	<input type="checkbox"/> Multiple Injuries	<input type="checkbox"/> Neck	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Wrist
<input type="checkbox"/> Other (please specify) _____				

**Supervisor's Initial Investigation Report (SIIR)** (continued)

28. Nature of injury:

- |   |  |   |  |  |
|---|--|---|--|--|
| <input type="checkbox"/> Abrasion                   | <input type="checkbox"/> Amputation  | <input type="checkbox"/> Burn Chemical                | <input type="checkbox"/> Burn Thermal        | <input type="checkbox"/> Contusion         |
| <input type="checkbox"/> Fracture                   | <input type="checkbox"/> Electric Shock  | <input type="checkbox"/> Heat Disorder/Stress         | <input type="checkbox"/> Frostbite           | <input type="checkbox"/> Hernia            |
| <input type="checkbox"/> Ingestion/Poisoning        | <input type="checkbox"/> Irritation/Infection                                    | <input type="checkbox"/> Inhalation                   | <input type="checkbox"/> Laceration          | <input type="checkbox"/> Joint Dislocation |
| <input type="checkbox"/> Puncture                   | <input type="checkbox"/> Strain/Sprain   | <input type="checkbox"/> Occupational Disease         | <input type="checkbox"/> Particle on surface |  |
| <input type="checkbox"/> Particle/splinter imbedded | <input type="checkbox"/> Musculoskeletal Disorder (Repetitive Strain/Tendonitis) | <input type="checkbox"/> Other (please specify) _____ |  |  |

29. Contact/Event:

- |   |   |
|---|---|
| <input type="checkbox"/> Struck Against (Running or Bumping)  | <input type="checkbox"/> Struck By (Hit By Moving Object)     |
| <input type="checkbox"/> Fall on Same Level (Slip and Fall, Trip Over)  | <input type="checkbox"/> Equipment Failure                    |
| <input type="checkbox"/> Fall from Elevation to Lower Level   | <input type="checkbox"/> Caught In (Pinch and Nip Points)     |
| <input type="checkbox"/> Caught Between or Under (Crushed or Amputated)   | <input type="checkbox"/> Caught On (Snagged, Hung)            |
| <input type="checkbox"/> Environmental Release  | <input type="checkbox"/> Overstress/Overexposure/Overexertion |
| <input type="checkbox"/> Contact With (Electricity, Heat, Cold, Radiation, Caustics, Toxics, Biological, Noise) |   |

30. Source of Incident: (Employee activity at time of incident)

- |  |   |   |   |  |
|--|---|---|---|--|
| <input type="checkbox"/> Climbing          | <input type="checkbox"/> Driving-Car/Truck                    | <input type="checkbox"/> Material Installations | <input type="checkbox"/> Hand Tool Use      | <input type="checkbox"/> Innocent victim |
| <input type="checkbox"/> Material Handling | <input checked="" type="checkbox"/> Standing<br>No<br>10/2/24 | <input type="checkbox"/> Operating Crane/Hoist  | <input type="checkbox"/> Operating Forklift | <input type="checkbox"/> Walking         |

31. Person treating injury (physician/hospital name and address)

32. Rescuer's Name: \_\_\_\_\_

**PROPERTY/MATERIAL/ENVIRONMENTAL DAMAGE**

33. Does Material belong to Brand? Yes ☒ No ☐ If No, then Who: \_\_\_\_\_
34. What was damaged: Stagging Damage
35. Nature of damage: fire
36. Source-object inflicting damage: \_\_\_\_\_
37. Estimated cost of repair/replace: \_\_\_\_\_
38. Who discovered damage: \_\_\_\_\_

**VEHICLE DAMAGE**

39. What was damaged: front end & interior
40. Nature of damage: fire & water
41. Source-object inflicting damage: \_\_\_\_\_
42. Name of operator(s): \_\_\_\_\_

**Supervisor's Initial Investigation Report (SIIR)** (continued)

43. Names of passengers: \_\_\_\_\_
44. Estimated cost of repair/replace: \_\_\_\_\_
45. INCIDENT DESCRIPTION (describe what happened—who was involved—where—when—how)

SEE witness statements
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Attach Worker's statement and drawing/photos of incident scene (Continue description on back of page if necessary)

List of Witnesses (attach completed employee & other witness statement forms EHS #11.0 Form 3)

Name: Dan Allen Sr	Company/Location: Brand
Name: Aaron Borchard	Company/Location: Brand
Name: Eddie RAZ	Company/Location: Brand
Name:	Company/Location:

**Incident Site Weather Conditions:**

46. Temperature: \_\_\_\_\_ Weather Condition: sunny & clear

Investigator (print and sign name) <u>DAN ALLEN Sr</u> <u>Dan Allen Sr</u> Date: <u>8/15/12</u>	Site Superintendent/Project Manager (print and sign name)  Date:
Division/Branch Manager (print and sign name)  Date:	

① GOT CALL, Job came up could I come back in. I was in my car getting ready to go Home

② Met. up with AARON & Eddie at Gate 91.

Drove in with them to GNG were I got my tools & Boots while Aaron went inside to get directions to were to go.

③ went over to D&R were Aaron went inside to get up with Operations, to find out what & were we needed to go. went to job site Eddie started Doing JHA. while Aaron and I talked to mechanic to find out what they needed us to do. Talked about Hazards involved ~~stagg~~ Asked what was leaking and should we be in flash ~~gear~~ gear, They said we will be ok as long as insulation is on pipe. When they let us measure size of stagg. Then we went to go load up material. & Got Back to Job site. Wasn't able to start. don't know why. Then they gave us the ok to Build. Built stg. then turned over stg. to them. Watch while they started removing insulation & pipe started to smoke they sprayed pipe. They stoped spraying, then workers came off stagg. Then pipe caught a little fire. sprayed again. fire went out. Then started Blasting insulation off with water. & smoke started up. Then a big cloud come out of

- 2 -

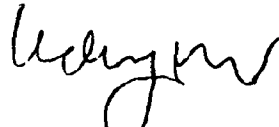
area. Then it caught fire. We then evac  
to GMC. where we were directed to go to  
gate 91. Then we were directed to go  
to main gate & cafeteria where we stayed  
to 9:00 PM. Then went Home.

I fine. NO Injuries

Carl Allen Jr.

~~the~~ ~~the~~

I was walking down the area where we park our trucks when I was notified about overtime. So, I grabbed all my stuff and we headed to GHG. Arrived to the control room and they directed us where we needed to go. As we arrive on site, planned protection had already been there. They had five trucks in front of the unit and fire fighters pulling out their fire hoses. Our crew leader had met with ops to discuss the situation and hazards. They told us the unit was safe, the only hazards was that the line was leaking 500' gas oil and the floor surface was slippery. When we were told the unit was safe, we went in to measure the job. And we went 15' or 16' 4x10. We went to the yard gathered the material we needed and arrived on site. Chemtron ops gave us the ok to park in front of the unit. I filled out the JHA and we all signed it. We started to unload the truck and erect the scaffold. As we started building the scaffold I was told by my crew leader to go back to the yard and get more material. I left the site got the material and went back to the job site. Finished up the scaffolds and put two accesses for fresh air job. Was 15 minutes or so when the leaking line ignited. The fire fighters hosed down the two fire fighters on the deck. As soon as the fire fighters were off the scaffold they turned the pressure on the hose and smoke started to accumulate in the unit. So we back peddled and the fire came up from the unit. 1 am time. No injuries.

  
Eddie Perez

2

- 1) GOT CALL FROM SUPERVISION WHEN I PULLED UP TO GATE AT 4:30pm TO COME BACK IN FOR OVERTIME.
- 2) PICKED UP COLLEAGUES (DAN, EDDIE) AND MET AT BRANDS OFFICE (6m6)
- 3) GOT INFO TO GO TO DIR AREA FOR JOB
- 4) DROVE TO DIR CONTROL ROOM AND SIGNED IN WITH OPERATIONS TO FIND OUT WHERE JOB IS LOCATED.
- 5) DROVE TO WORKSITE, AND TALKED TO MECHANIC (JOE NELSON) AND SAFETY OPERATOR (WILLIE) ABOUT JOB.
- 6) HAD SAFETY MEETING BEFORE ENTERING AREA (TOLD IT WAS OKAY)
- 7) \* VOICED CONCERNS ABOUT JOB, THEN CONTINUED IN TO MEASURE JOB.
- 8) MADE MATERIAL LIST AND ASKED IF WE COULD BRING TRUCK INTO AREA TO UNLOAD. (SAID YES).
- 9) DROVE TO YARD TO LOAD MATERIAL, DROVE BACK.
- 10) HAD ANOTHER MEETING, \* VOICED CONCERNS AGAIN (WHY NOT SHUT DOWN PIPE?)
- 11) PACKED MATERIAL TO JOB SITE, STARTED BUILDING.
- 12) SENT EDDIE TO YARD FOR A COUPLE PRICES OF MATERIAL
- 13) ASKED BY (WILLIE) HOW MUCH LONGER. (MIND YN ITS ONLY BEEN ABOUT 15 MINS) TOLD HIM ABOUT 10 MINS.
- 14) FINISHED BUILDING, TAGGED SCAFFOLD, TALKED ABOUT HAZARDS TO PLANT PROTECTION (MISSING MIDRAIL, AND 1 TOE BOARD)
- 15) STOOD BACK BY FIRE TRUCK IN CASE MODIFICATION WAS NEEDED.
- 16) WATCHED 2 FIRE FIGHTERS GO UP ON SCAFFOLD TO REMOVE INSULATION
- 17) AS THEY TRIED TO REMOVE BANDS (INSULATION) WITH FIRE PICK/AX, DAN AND I ASKED IF THEY NEEDED A TOOL TO REMOVE IT EASIER. WE WERE TOLD IT WAS UNDER CONTROL.
- 18) WE BACKED UP. THERE WAS A SMALL FLARE UP WHEN INSULATION WAS REMOVED.
- 19) THEY GOT FIRE PUT OUT, FIRE FIGHTERS CAME OF SCAFFOLD.
- 20) SAW FIRE FIGHTERS TIGHTEN NOZZLE ON HOSE TO FINE STREAM AND SPRAY INSULATION OFF LINE.
- 21) MORE SMOKE WAS COMING FROM AREA, SO WE DECIDED TO BACK AWAY A LITTLE FURTHER.
- 22) AS WE BACKED AWAY, SMOKE GOT MUCH HEAVIER, OVERTOOK TRUCK (FIRE) AND PERSONAL.



- 23) NOTICED SMOKE BEING PULLED BACK IN, AND FIRE ERUPTED -
- 24) EVACUATED DOWN CHANNEL ST, CALLED SUPERVISION TO INFORM OF INCIDENT.
- 25) NOTIFIED OPERATIONS OVER RADIO THAT CREW WAS ALARMED FOR AND EVACUATED TO LML.
- 26) GOT TRUCK FROM LML DROVE TO GATE 91 AND WAS NOTIFIED TO GO TO CAFETERIA.
- 27) CHECKED IN AT CAFETERIA, AND RELEASED AT ABOUT 9:20 PM

\* CONCERNS VOICED.

- 1) WILL IT ~~IGNITE~~ IGNITE BY SPARK.
- 2) DO WE NEED FIRE/FLASH GEAR.
- 3) CAN YOU SHUT DOWN LINE.
- 4) ARE WE SAFE TO BE IN THERE?

NO INJURIES TO MYSELF.

AARON BORCHARD

Am B  EOR.

## INCIDENT ANALYSIS

(Submitted to and at the request of counsel for Brand EIS Inc. in anticipation of litigation)

### GENERAL INFORMATION

1. Division/Branch: <u>D&amp;R</u>	2. Project/Site: # <u>11pt 4 CRUDE</u>
3. Date of Incident: <u>8/6/12</u>	4. Time of incident: <u>2 6:00</u> a.m./p.m. <input checked="" type="radio"/>
5. Date Reported: <u>8/15/12</u>	6. Time Reported: <u>5:20</u> a.m./p.m. <input checked="" type="radio"/>
7. Hours worked before incident: <u>11</u>	8. Supervisor: _____

### INCIDENT CLASSIFICATION:

Injury/Illness	<input type="checkbox"/> First Aid	<input type="checkbox"/> Medical Aid	<input type="checkbox"/> Modified Work	<input type="checkbox"/> Lost Time	<input type="checkbox"/> Fatality
Vehicle/Equipment	<input checked="" type="checkbox"/> Vehicle Damage/Loss				
Property/Material	<input checked="" type="checkbox"/> Property/Material Damage/Loss				
Environmental	<input type="checkbox"/> Environmental				
Process Loss	<input type="checkbox"/> Process Loss				
Near Miss	<input type="checkbox"/> Near Miss				

**INCIDENT RATING:** To ensure proper reporting and investigation, this incident was rated on the Supervisor's Initial Investigation Report (SIIR). Upon further review, the incident has now been rated as follows, considering Loss Severity Potential (Line 9) and Probable Recurrence Rate (Line 10) below:

☒ **HIGH**
                         
 ☐ **MEDIUM**
                         
 ☐ **LOW**

### EVALUATION:

9. Loss Severity Potential:	<input checked="" type="checkbox"/> Catastrophic	<input type="checkbox"/> Critical	<input type="checkbox"/> Marginal	<input type="checkbox"/> Negligible
10. Probable Recurrence Rate:	<input type="checkbox"/> Immediately	<input type="checkbox"/> Short	<input type="checkbox"/> Long	<input type="checkbox"/> Unlikely

**CAUSAL FACTORS:** DEFER TO CHEVRON

### 11. IMMEDIATE/DIRECT CAUSES

<input type="checkbox"/> Operating Equipment without Authority <input type="checkbox"/> Operating at Improper Speed <input type="checkbox"/> Failing to Use PPE properly <input type="checkbox"/> Improper Position for Task <input type="checkbox"/> Under the Influence of Alcohol and/or Drugs <input type="checkbox"/> Inadequate Guards or Barriers <input type="checkbox"/> Congestion or Restricted Area <input type="checkbox"/> Poor Housekeeping/Disorder <input type="checkbox"/> Temperature Extremes <input type="checkbox"/> Improper Lifting	<input type="checkbox"/> Failure to Warn <input type="checkbox"/> Making Safety Devices Inoperative <input type="checkbox"/> Improper Loading of Equipment <input type="checkbox"/> Servicing Equipment In Operation <input type="checkbox"/> Using Equipment Improperly <input type="checkbox"/> Inadequate Protective Equipment <input type="checkbox"/> Inadequate Warning System <input type="checkbox"/> Noise Exposure <input type="checkbox"/> Inadequate or Excess Illumination <input type="checkbox"/> Other _____	<input type="checkbox"/> Failure to Secure <input type="checkbox"/> Using Defective Equipment <input type="checkbox"/> Improper Placement <input type="checkbox"/> Horseplay <input type="checkbox"/> Failure to follow Procedure <input type="checkbox"/> Defective Tools, Equipment or Materials <input type="checkbox"/> Fire & Explosion Hazards <input type="checkbox"/> Hazardous Environmental Conditions <input type="checkbox"/> Inadequate Ventilation
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## INCIDENT ANALYSIS (continued)

### 12. ROOT/BASIC/INDIRECT CAUSES

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Lack of Knowledge or Skill     | <input type="checkbox"/> Improper Motivation       | <input type="checkbox"/> Inadequate Leadership and/or Leadership |
| <input type="checkbox"/> Inadequate Engineering         | <input type="checkbox"/> Inadequate Purchasing     | <input type="checkbox"/> Using Defective Equipment               |
| <input type="checkbox"/> Inadequate Tools and Equipment | <input type="checkbox"/> Inadequate Work Standards | <input type="checkbox"/> Excessive Wear and Tear                 |
| <input type="checkbox"/> Abuse or Misuse                | <input type="checkbox"/> Other _____               |  |

### 13. CONTROL AREAS/SYSTEM NEEDS

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Leadership and Administration   | <input type="checkbox"/> Leadership Training      | <input checked="" type="checkbox"/> Planned Inspections and Maintenance |
| <input type="checkbox"/> Task Analysis and Procedures    | <input type="checkbox"/> Incident Investigation   | <input type="checkbox"/> Emergency Preparedness                         |
| <input type="checkbox"/> Rules and Work Permits          | <input type="checkbox"/> Incident Analysis        | <input checked="" type="checkbox"/> Knowledge and Skill Training        |
| <input type="checkbox"/> Personal Protective Equipment   | <input type="checkbox"/> Health & Hygiene Control | <input type="checkbox"/> System Evaluation                              |
| <input type="checkbox"/> Engineering & Change Management | <input type="checkbox"/> Personal Communications  | <input type="checkbox"/> Group Communications                           |
| <input type="checkbox"/> General Promotion               | <input type="checkbox"/> Hiring and Placement     | <input type="checkbox"/> Materials and Services Management              |
| <input type="checkbox"/> Off the Job Safety              | <input type="checkbox"/> Other _____              |   |

### 14. RECOMMENDED CORRECTIVE ACTIONS

ACTION	PERSON RESPONSIBLE	DATE DUE	DATE COMPLETED

Analysis Completed by: \_\_\_\_\_ (Note: Emergency Response Team to determine who will complete this form)

*Don Allen*

(print and sign name)

*8/15/12*

Date

Attach copy of related Supervisor's Initial Investigation Report (SIIR)

Attach copy of any Product-Specific Supplemental Reports (located in EHS #12.0)

DATE: 8-6-12

## HAZARD ANALYSIS FORM

PRINT NAMES	SIGN
BACCHARD	Bacchard
Eddie Port	Eddie Port
Elmer Allen	Elmer Allen

LOCATION: D&R P-1149	SELF RESCUE orange button on radio	RESCUE PLAN	
EYEWASH/SAFETY SHOWER: T-1108	call emergency number/ contact supervisors		
FIRE EXTINGUISHER: on truck, on site (stand by)	ADDITIONAL HAZARDS: slips/trips/falls, hot oil, slippery surfaces, hot pipes, pinch points, falling objects		
EVACUATION ASSEMBLY AREA: channel street	PREVENTIVE MEASURES: 360° awareness, proper PPE, proper footing, 100% tie off, hand signal exchange, good communication		
EMERGENCY PHONE: 2222 555	PHONE NO.:		
NAME OF OPERATOR: OPS	PHONE NO.:		
MAINT. SUPERVISOR:			
OPERATOR:			
<u>MECHANIC'S NAME</u>	<u>CRAFT</u>	<u>COMPANY</u>	

COMM. #1025 (white)